

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15079**

Registrar's No. _____

FILED MAY 9 1953

REG. DIST. NO. _____

PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH

a. COUNTY

New Madridb. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **Sikeston Rt. 3**c. LENGTH OF
STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)

a. STATE

Missouri

b. COUNTY

New Madridc. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **RURAL****0720**d. FULL NAME OF
HOSPITAL OR
INSTITUTION **Sikeston Rt. 3**d. STREET
ADDRESS**Sikeston Rt. 3****0**3. NAME OF
DECEASED
(Type or Print)

a. (First)

Lige

b. (Middle)

c. (Last)

Carey4. DATE
OF
DEATH (Month) (Day) (Year)
April 18 1953

5. SEX

M

6. COLOR OR RACE

W7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)**MARRIED**

8. DATE OF BIRTH

OCT. 14, 1881

9. AGE (in years)

71

if UNDER 1 YEAR

6

if UNDER 12 mos.

2910a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)10b. KIND OF BUSINESS OR IN-
DUSTRY**Farmer**

11. BIRTHPLACE (City and State or Foreign Country)

Jake Prairie Missouri12. CITIZEN OF WHAT
COUNTRY**US**

13a. FATHER'S NAME

Joe Carey

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Edna Carey15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)**No.**16. SOCIAL SECURITY
NO.

17. INFORMANT'S SIGNATURE OR NAME

Mr. Gadberry

ADDRESS

Sikeston Mo

18. CAUSE OF DEATH

Enter only one cause per
line for (a), (b), and (c)*This does not mean
the mode of dying, such
as heart failure, ashenia,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)**No. Medical Attendant**

ANTECEDENT CAUSES

Morbidity conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

by all record death was

DUE TO (c)

due to acute myocarditis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

431x

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT
SUICIDE
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME
OF
INJURY (Month) (Day) (Year) (Hour)21e. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased
alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE

Dr. H. J. Smith

(Degree or title)

23b. ADDRESS

New Madrid, Mo.

23c. DATE SIGNED

4/29/5324a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

4-17-53

24c. NAME OF CEMETERY OR CREMATORY

Carpenter

24d. LOCATION (City, town, or county)

Grant City

(State)

MissouriDATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

Blayne A. Bridges

25. FUNERAL DIRECTOR'S SIGNATURE

Orville Taylor

ADDRESS

Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 5 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. Edgar McMillan

Licensed Embalmer No. 4695

P. O. Address Edinburg, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.